

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	gmc		2/29/00
O.I.P.E. CLASSIFIER		19	3/17/00
FORMALITY REVIEW	DW	72346	4-22-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ Rejected  
 = Allowed  
 - (Through numeral) Canceled  
 + Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date
Final	Original
1	0508100612
2	2407170506
3	0001040202
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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